

SAN FRANCISCO FOOD SECURITY TASK FORCE SSI Workgroup MINUTES

Friday, November 16, 2018
1440 Harrison Street

Present: Ana Marie Lara (HSA-SFBN); Diana Jensen (SF Marin Food Bank); Cissie Bonini (UCSF/EatSF); Francesca Costa (SF Marin Food Bank); Anne Quaintance (Meals on Wheels) Jeimil Belamide (HSA-SFBN); Paula Jones (SFDPH); Peri Weisberg (HSA); Mary Adrian (HSA-SFBN); Krista Blyth-Gaeta (DAAS-IHSS); Cynthia Martinez (HSA-SFBN); Susie Lau (HSA-SFBN); Linda Murley (DAAS) Gavin Morrow-Hall (SFDPH)

Minutes

AGENDA ITEM	DISCUSSION	ACTION ITEM
1. Call to order	Ana Marie Lara called the meeting to order at 9:06	
2. Welcome and introductions	Following introductions Diana discussed how the work group was created at the August FSTF meeting. Paula gave a brief overview of the Food Security Task Force	None
3. Confirm Co—Chairs, Ana Marie Lara and Diana Jensen	There was no additional comments from previous meeting where consensus of Ana Marie and Diana as co-chairs was reached	
4. Review/share notes from previous meeting	Diana Jensen made motion to approve minutes from previous meeting. Paula Jones seconded the motion. The motion carried without dissent or abstention.	
5. Update: Human Service Agency Planning to date	Mary Adrian announced that a supplemental budget proposal to hire 20 workers plus additional supervisors and manager to facilitate the process of enrolling SSI recipients into CalFresh and ensuring the process is equitable is still pending approval.	
6. Update – State planning	Diana Jensen An HSA webinar was held the previous day. HAS has lots of data including but not limited to:	

SSI and SSP client data by county

SSI Client Data Table from CDSS showed that:

- overall SSI population, overlap with IHSS
 - estimates of those with various CF (existing households, likely increase/decrease)
 - age breakdowns, living independently, institutions
 - race/ethnicity, language requested materials
- Next steps: Build data dashboard, plan for monitoring for continuous improvement)

Overview from the priority areas:

Outreach

- have a partner outreach flier (for organizations, not clients) in Eng & Spanish
 - calendar of presentations that CDSS is doing
 - leveraging current application assisters & tools
 - refining CDSS phone line to be better
 - proposing new assisters, partnering to push funding out through:
 - + CDA/AAA,
 - + Dept of Rehab/ILCs,
 - + DPH/County Nutrition Action Plan
 - + Social Security Administration - especially for SSI-only clients, assist using GetCalFresh.
 - + Exploring Dept of Dev Services & regional Centers
 - Communication Partners - developing outreach materials/images/blurs/messaging, direct mailing to be attractive & readable, probably also social media kit and radio campaign, still considering timing for campaign
 - CDSS will coordinate the mailer plan
- (NEXT - finalize network, tools, kits, mailers)

	<p>Customer Experience</p> <ul style="list-style-type: none"> -developing a framework of solutions <ul style="list-style-type: none"> +call, click, come in +streamline verifications +provide access for all +collaborate to help clients to apply (IHSS, MC, QMBY, etc.) -identifying ways to support counties to do them (NEXT - resource kits, county operations round table for counties on readiness) <p>Policy, Automation, and Training</p> <ul style="list-style-type: none"> -policy guidance (all on CDSS website, including policy Q&A) -SAWS automation -policy training series -USDA, SSA (data sharing agreements), Tribal leadership connections (NEXT - policy webinar series on serving seniors and people disabilities in CalFresh) 	
7. Food Security Task Force	Is developing a budget advocacy plan for FY 2018-19 & 2019-20	
8. HSA data summaries, data source profiles	Discussion was tabled until December meeting	
9. Other data	<p>Future meetings will be held on the third Friday of the month. Next meeting will be held November 16th 9-11 am.</p> <p>Goals for the next meeting:</p> <ul style="list-style-type: none"> - Determine urgency of issues - Funding - PR – what is the plan in the Bay Area – include communications directors from HSA and possibly DPH - Timeline 	The co-chairs and Paula will meet to discuss the agenda for the next meeting.

	<ul style="list-style-type: none"> - Identify level of involvement of individuals on the work group - Data (Peri) will present internal data as well as census data <ul style="list-style-type: none"> o Profile of the population (census data) o Summarize Individual level data (internal HSA data) - Ana Marie will reserve the 2nd floor conference room at 1440 Harrison 	
10. Facilitated activity: timelines for various projects	<p>Meeting attendees separated into three project area groups:</p> <ul style="list-style-type: none"> • Customer experience and Streamlined enrollment • Getting the word out • Set targets & Measure Success. <p>See attached for content</p>	
11. Adjournment	The meeting adjourned at 11:00	Next meeting December 21 st

Notes from Item 7 -, Facilitated Exercise /October 19, 2018

Overall, what does success look like? (Brainstorm)

- 100% enrollment by summer 2020
- Efficient (for HSA)
 - Easy verifications
 - Minimal reporting
- Meet applicants where they are:
 - Minimal lobby traffic
 - Telephonic everything
- Medical deductions are maximized
- Clients are informed
- No/little churn for TNB/SNB
- Clients can easily USE benefits
 - Restaurant meals
- People say/believe: “It IS worth it!!”
 - Connections to more, matches, etc.

Customer Experience/ Streamlined Enrollment (Coordinate Citywide)

What does success look like?

- Application is quick and easy over the phone
 - Online and telephonic enrollment options that streamline application process
 - Income, SSN, and ID are electronically verified
 - New SSI received CalFresh at same time
- TNB and SNB Recipient get help to complete timely reports
 - No recertification
- Tell effective stories that connects CBO's, community members and HSA
- Meet clients where they are for applications (senior centers, senior housing, etc.)
- Use EBT card over the phone/online to have groceries delivered
- Multiple physical entry points targeted to areas in city with high SSI concentration
- Community is satisfied with process

What steps are needed for that success to happen?

- Application for CalFresh, county business process:
 - Create on-demand/ flexible /inbound interviews process before cash in
 - Implement telephonic signature
 - Learn what data county will have for verifications
 - Refresher training for HSA staff on disability accommodations.
 - IHSS link to CalFresh for caregivers and those receiving care
- Experience applying/getting assistance in the community:
 - Refine HSA outstation and mobile application locations

- Evaluate and rearrange outreach across HSA programs
 - Redeploy outreach within HSA
- Identify/Streamline incentives for CBO's to support applications.
- Connect with SSA to get a list of all SSI clients or CDSS
 - Open communication with/between SSA and HSA
- Experience USING benefits:
 - Understand pilot online CalFresh use of EBT → when can SF do it?
 - Engage taxis, rideshares, etc. in transportation and delivery options✓
 - Engage more restaurants to accept EBT✓
- Consumer input
 - Focus groups for CalFresh access – Seniors/ Disability
 - Plan for customers to evaluate experience/ Client satisfaction surveys

Who needs to be involved? [Suggestion – Organization (name of person suggesting)

✓ = 1+ people agreed

- HSA, Food Bank, consumers, all from this meeting, Department of Public Health
- People who are recipients of SSI/CalFresh
- HSA's ADRC lead/coordinator ✓✓ (Peri)
- Randy M & Ana Marie Lara ✓✓ - HSA-CalFresh Policy and outreach coordinators (Suzie, Peri)
- Olga Stavinskaya-Velasquez – HSA Outreach manager
- Chandra Johnson – HSA communication ✓ (Kristy)
- SSA representative ✓ (Kristy)
- Zea Malawa SFDPH
- Wannetta Davis, Wanda Matters – HOPE SF
- Perry Lang ✓✓ (Peri)
- Customer experience designer- Pro Bono- IDEO etc.? (HSA innovations)
- Peer Advocates (Peri)

Set Targets & Measure Success

What does success look like?

- IHSS, SSI, and CalFresh
- Ability to reduce/avoid churn
- Data-driven enrollment goals
- Data sharing across agencies
- Measurable outcomes
 - Outcomes specific to the most vulnerable
 - Clear, Accountability with regards to outcomes

- Consumption usage
- Measure improvement in food security
- Maximum benefit levels
 - 75% of eligible SSI recipients signed up
 - 80% remain on CalFresh 7 years or more
- All SSI recipients are enrolled
 - We know where SSI recipients live
- Customer service metrics

What steps are needed for that success to happen?

- Set overall enrollment targets with timing
 - Agility and “real-time” data tracking
 - If targets are not being met adjust strategies to achieve goals
 - Show economic impact:
 - Leverage
 - Jobs
 - Improved health
 - Monitor reports closely to ensure that SSI folks don’t get discontinued for whatever reason
 - Break-down by target groups:
 - IHSS, congregate meals, Independent living resource centers
 - Identify SSI subpopulations and measure food security pre-change
 - Map neighborhood in high SSI recipients to HUBs within those neighborhoods
 - Map language translation needs in neighborhoods
 - Map acceptance of EBT
- Design customer service satisfaction surveys

Who needs to be involved? [Suggestion – Organization (name of person suggesting)]

✓ = 1+ people agreed

- HSA, Food Bank, consumers, all from this meeting, Department of Public Health
- Peri W. – HSA Planning (Suzie)
- Meilan - SSA (Paula J)
- Food Security researchers (Paula J)
- Dr. Hilary Seligman
- Mayor’s Office and Board of Supervisors (Anne Q?)

“Get the Word Out” - Coordinate communications, outreach, and in-reach to ensure all are poised to inform, encourage and assist.

What does success look like?

- All SSI recipients are eager to apply
- All SSI recipients and other populations are aware that they're eligible and encouraged to apply ✓
- Front line staff everywhere, know what is happening
- Multi-generational approach
- Multiple Communication Methods/Information is Everywhere
 - Radio station/TV coverage, ✓✓✓✓
 - Flyers, Text, Mailers, posters ✓✓✓
 - On busses, media print ✓
 - Grocery chains
 - In all languages
- All city agencies, CBOs, residents know about the changes
- Focus groups to develop material
- Messengers: health settings, grocery/vendors ✓
- CLEAR, CONCISE, MESSAGING ✓
- Ensuring that we use all types of communication in ALL languages.
- "Overly" communicated. In community meetings, people say "everybody knows".
- Community feels included and empowered by process
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What steps are needed for that success to happen?

Communications/marketing planning:

- Develop professional marketing materials ✓
- Designate a PR manager for the rollout → make it a "campaign" ✓
- Study benefit level projections and use that to message (Eg. "Average \$100/mo!")
- Messaging about ease of use/EBT card
- Have a collective voice: one message from HSA/CBOs
- Map communication channels into the community (association collaborative)
- Need to develop a timeline to communicate to partners
- Funding for communications strategy and execution ✓✓
- Pay for ads
- Plan to address stigma for SSI recipients_and for all seniors

Educate/inform other partners

- Study/Share healthcare savings to get folks onboard
- Create referral guide:
 - How to apply, and/or get assistance

ID Key partners

- Talk to other counties about good partners to engage with
- Need to identify key partners for next meeting
- Involve and invite key opinion leaders to be a part of the process

Other topics:

- Sharing expertise from the start
- Understand more about caretakers/how to reach them
- Story telling/sharing

Who needs to be involved? [Suggestion – Organization (name of person suggesting)]

✓ = 1+ people agreed

- HSA, Food Bank, consumers, all from this meeting, Department of Public Health
- Outreach partners:
 - o Senior housing (homes)
 - o OnLok ✓ (Francesca)
 - o ADRC (Francesca)
 - o SF-HOT (Francesca)
 - o Downtown streets (Francesca)
 - o ECS (Francesca)
 - o SSA (Francesca)
- PR Firm, Health system, word of mouth community (Anne Q)
- Places of worship (Anne Q)
- Chandra Johnson- HAS communications ✓✓✓ (Ana Marie, Susie, Mary)
- SSA Representative
- Ana Marie Lara → SFBN for planning ✓
- Rowena Fantang @ IOA with ADRC's
- UCSF, ZSFGH → Dr. Seligman (Francesca)
- HSH or Transitional/supportive providers (Peri)
- SSI advocacy organizations (Peri)
- IOA, ILRC, SOA (Mercy?)
involved (DAAS) Aging and Disability Resource Centers (Linda)
- Clinics, hospitals (Kaiser, Dignity health, ZSFGH), Behavioral health ✓ (Paula J, Cissie)
- SF Health Plan, DPH Executive Team
- Housing sites (Cissie)

Other notes:

Generally we should assign leads in each area to coordinate efforts.

